PART B - FEE(S) TRANSMITTAL and this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complete and Commissioner for Patents P.O. Box 1450 OCT 20 2009 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885 ANY or the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated in the corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 68174 7590 08/26/2009 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Patrick S. Yoder FLETCHER YODER P.O. Box 692289 Houston, TX 77269-2289 (Signatus (Date FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 10/21/2009 INTEFSH 00000638 10723033 10/723.033 11/26/2003 Prakash Paryil Mathew TITLE OF INVENTION: IMAGE-BASED INDICIA OBFUSCATION SYSTEM AND METHOD 1510.00 DA 01 FC:1501 300.00 DA 02 FC:1504 PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE \$1810 10/27/2009 NO \$1510 \$300 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT LE, BRIAN Q 2624 382-128000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 FLETCHER YODER (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Milwaukee, Wisconsin GE Medical Systems Information Technologies, Inc. Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. ☑ Publication Fee (No small entity discount permitted) Advance Order - # of Copies

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature	/Patrick S. Yoder/	Date October 20, 2009
Typed or printed name	Patrick S. Yoder	Registration No. 37,479

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